PTO/SB/05 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR I	OTHER THAN SMALL ENTITY	
	FOR	NUMBER		NUMBER	EXTRA	RATE	FEE		RATE	FEE
BASIC		20	20				<u>382</u> .66	OR		ישיים בנוני
TOTAL	CLAIMS R 1.16(c))	20	25 minus 20 a		· d			OR	× 218 .	
INDEPENDENT CLAIMS		Minus 3		A		x s 43 =		OR	x 286 =	
(37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))				+5145.		OR	+ 5 290 =			
					TOTAL		OR	TOTAL	1270	
* if the difference in column 1 is less than zero, enter *0* in column 2.										
CLAIMS AS AMENDED - PART II								OR		RTHAN
-11		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	1	SMALL	ENTITY
∢	·	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Z		AFTER AMENDMENT		PAID FOR			FEE	}		FEE
AMENDMENT	Total (37 CFR 1.16(cl))	W)	Minus		- / /	x \$=		OR	x \$=	-/-
	Independent (37 CFR 1.16(b))		Minus	3	= /	x s=	/	OR	× \$=	/
₹	FIRST PRESENTA	TION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	R 1. (6(d))	+ \$=		OR	+5	[
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(0.1 1)		(Column 2)	(Column 3)	(_		,
e		(Column 1) CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT		AMENDMENT	Minus	PAID FOR			FEE	OR	x \$=	
	Total (37 CFR 1.16(ci))		Minus			x s=	╂┈──	1	x \$=	1.
	Independent (37 CFR 1,16(b))				L	x \$=		OR		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s_=	-	OR	+ S =	+
ADD'L FEE OR ADD'L FEE										
		(Column 1)		(Column 2)	(Column 3)			7		
AMENDMENT C		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	AMENDMENT	Minus	**	= .	x se		OR	× s=	
	(37 CFR 1.16(c)) Independent	•	Minus		-	x \$ _ =		OR	x s=	
ME	(37 CFR 1.16(b))		ــــــــــــــــــــــــــــــــــــــ		CER 1 15/411			OR	+ 5=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))						TOTAL	1	OR	TOTAL ADD'L FEE	
		٠		a. in column 2 w	rite "0" in colum:	ADD'L FEE n 3.	L	~ٰ لـ	70001166	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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